

1-2301

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>ET</i>	<i>926</i>	<i>4/3/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>04-21-01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
1	Final Original 8-2-01
2	✓
3	0 0
4	✓ ✓
5	✓ ✓
6	0 0
7	✓ ✓
8	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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